

2003-03-17

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|---|--|-------------------------------|--|--------------------------|--|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) | | INTERNATIONAL APPLICATION NO. | | ATTORNEY'S DOCKET NUMBER | |
| 10/070833 | | PCT/FR01/02411 | | 112183 | |

| 17. <input checked="" type="checkbox"/> The following fees are submitted: Basic National fee (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO\$890.00 International preliminary examination fee paid to USPTO (37 CFR 1.482)\$710.00 No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2))\$740.00 Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO\$1,040.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4)\$ 100.00 ENTER APPROPRIATE BASIC FEE AMOUNT = | CALCULATIONS | PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|---------------------|--------------|----------|----------|--|--------------|----------|---|------------|----|--|--------------------|--------|---|------------|----|--|--|--|--|------------|----|--|--------------------------------------|--|--|--|----|--|---|--|--|--|---|----------|-------------------|--|--|--|----------|--|---|--|--|--|---|----|-----------------------------|--|--|--|----------|--|--|--|
| | \$890.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Claims</th> <th style="width: 20%;">Number Filed</th> <th style="width: 10%;">Number Extra</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <td>Total Claims</td> <td>14- 20 =</td> <td>0</td> <td>X \$ 18.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>2- 3 =</td> <td>0</td> <td>X \$ 84.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3">Multiple dependent claim(s)(if applicable)</td> <td>+ \$280.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4">Reduction by 1/2 for filing by small entity, if applicable.</td> <td style="text-align: right;">-</td> <td>\$445.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td>\$445.00</td> <td></td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td style="text-align: right;">+</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td>\$445.00</td> <td></td> </tr> </table> | Claims | Number Filed | Number Extra | Rate | | | Total Claims | 14- 20 = | 0 | X \$ 18.00 | \$ | | Independent Claims | 2- 3 = | 0 | X \$ 84.00 | \$ | | Multiple dependent claim(s)(if applicable) | | | + \$280.00 | \$ | | TOTAL OF ABOVE CALCULATIONS = | | | | \$ | | Reduction by 1/2 for filing by small entity, if applicable. | | | | - | \$445.00 | SUBTOTAL = | | | | \$445.00 | | Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). | | | | + | \$ | TOTAL NATIONAL FEE = | | | | \$445.00 | | | |
| Claims | Number Filed | Number Extra | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 14- 20 = | 0 | X \$ 18.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 2- 3 = | 0 | X \$ 84.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claim(s)(if applicable) | | | + \$280.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction by 1/2 for filing by small entity, if applicable. | | | | - | \$445.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL = | | | | \$445.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). | | | | + | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = | | | | \$445.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Amount to be refunded | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Charged | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

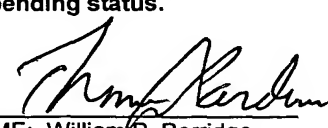
a. ☒ Check No. 128584 in the amount of \$445.00 to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. _____ in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.

c. ☒ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 15-0461. A duplicate copy of this sheet is enclosed.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:
 OLIFF & BERRIDGE, PLC
 P.O. Box 19928
 Alexandria, Virginia 22320


 NAME: William P. Berridge
 REGISTRATION NUMBER: 30,024

Date: March 11, 2002

NAME: Thomas J. Pardini
 REGISTRATION NUMBER: 30,411